Medical Needs Assessment

MNA-01 · Issue 01 · Naylor's Ark Soul Sanctuary · CPH 46/327/7111

Document owner	Naylor's Ark Soul Sanctuary
Holding CPH	46/327/7111
Status	Template — complete, approve and issue before use
Review	Annually and after any incident or material change

Privacy and purpose

This form helps plan safe participation and reasonable adjustments. Give only information relevant to sanctuary activities. Store securely with restricted access, do not display publicly, and retain only as long as needed. This is not a medical diagnosis or fitness certification.

Name	Visit / volunteer role	Date

Needs relevant to participation

Question	Yes / No	Details, triggers or adjustment requested
Mobility, balance or stamina needs?		
Asthma, respiratory sensitivity, dust/mould sensitivity?		
Allergy (including animals, hay, feed, latex, medicines)?		
Epilepsy, diabetes, heart condition or risk of sudden illness?		
Pregnant, immunosuppressed or advised to avoid livestock contact?		
Hearing, vision, communication, learning or sensory needs?		
Anxiety, phobia or other support need around animals/crowds?		
Medication that may affect alertness, or emergency medication to keep accessible?		
Any other relevant need or restriction?		

Agreed controls and reasonable adjustments

Activity/task	Adjustment or restriction	Responsible person	Review/expiry

Emergency planning

Emergency contact name	Relationship	Telephone
Emergency medication/action plan location (do not record unnecessary clinical detail)		

Confirmation

I confirm that the information provided is accurate to the best of my knowledge and will tell the sanctuary if relevant needs change. I understand that urgent concerns may require emergency services and that participation may be adjusted or stopped for safety.

Participant / parent or carer signature	Date	Sanctuary reviewer	Date

If a clinician's advice is needed, obtain it separately with appropriate consent. Do not ask volunteers to disclose full medical records.